

moreover, it is claimed that Mayer's experiments were performed by an imperfect and defective method.

CHRONIC LEAD POISONING.—The following is the substance of remarks by M. Raymond, before the Soc. de Biologie, July 1, (report in *Gaz des Hopitaux*, No. 77.)

M. Raymond, having paid special attention to a number of paralytics from lead poisoning, both during the last year in M. Vulpian's service, and in that of M. Gubler during the present year, believed that he was correct in saying that the rules laid down by M. Duchenne, (of Boulogne) in regard to saturnine paralysis, are not quite as absolute as supposed by him.

Duchenne says that, as a rule, the paralysis affects, first, the extensor of the fingers, then the special extensor of the index, and that of the little finger. But M. Raymond, in two cases, has seen the paralysis begin in the little finger and extensor indicis. Duchenne also claims that in saturnine paralysis the short extensor of the thumb is always paralyzed; but there are cases in which all the muscles except just that one are paralyzed. According to Duchenne, both paralysis and atrophy are most marked on the right side; this he explains by the fact that it is the right hand that holds the brush, causing thus a greater local effect. M. Raymond has, in a certain number of cases, found the paralysis exactly the same on the two sides. According to him, and contrary to M. Duchenne, there is frequently a loss of electro-contractility before that of voluntary motion.

M. Raymond claims to have identified, in saturnine paralysis, analogous symptoms to those observed following ordinary cerebral lesions, such as hemiplegia, simultaneous loss of sensibility and motility, etc. Nevertheless, in cases of saturnine hemiplegia, the paralysis of the extensors is always more accented than that of the flexors.

M. Briquet regards saturnine colic as a myosalgia. M. Raymond, on the other hand, supporting himself on a certain number of observations, regards it as an enteralgia.

He has been able to observe in a lead paralytic, choreic movements, and cerebral symptoms, indicating that the cerebral surface was affected. But, he adds, that these phenomena, differing from those of ordinary cerebral lesions, disappear with the use of iodide of potash and sulphuric baths.

He has also seen spinal phenomena, similar to those of locomotor ataxia, in saturnine poisoning. Finally, he thought he could conclude, also, from his observations, that lead acts on the central nervous system as well as on the peripheral nerves.

M. Hallopeau, in the discussion following, stated, in support of this last opinion, that he had found the lesions of myelitis in rabbits poisoned with lead.

HYSTERICAL VASO-MOTOR NEUROSES.—Dr. Armaingaud, (of Bordeaux) presented to the Acad. de Médecine, Paris, June 20, a memoir, the following conclusions, of which we extract from the report given in *L'Union Médicale*:

1. There is a particular form of intermittent hysteria, in which the tonic convulsions of the muscles of organic life are replaced by vascular spasms, and in which the vaso-motor troubles, which, in the ordinary forms of the disease, appear secondarily, become here predominant, and constitute the whole of the malady.

2. The spells of intermittent sleep, and the other symptoms, the local congestion of the eyes, the local asphyxia of the extremities likewise intermittent, presented by the patient, should be referred to the vaso-motor apparatus, and constitute that special form of hysteria which we may designate as the *vaso-motor intermittent variety*.

3. The patient, whose case formed the text of the memoir, owed her cure to the use of induced currents, after other methods of treatment had failed, including the use of quinine in large doses, as was naturally indicated in the presence of so regular a periodicity.

4. In all the forms of neuroses, or of morbid processes, due to a vaso-motor disturbance, such as the various forms of pathological sleep (coma, lethargy, etc.,) in ecstasy, and even in cases of double consciousness, it is advisable to try the effects of electricity.

5. Examination for a painful apophysary point on the spine, provoked by pressure, is the more evidently useful in all neuroses, whatever their nature, since it furnishes a therapeutic indication, the practical importance of which was shown in our case.

6. The chromohydrosis, coming in as a final episode, confirms what has been already said on the neuropathic nature of this singular anomaly of perspiration.

The following are among the more recent articles on the Pathology of the Nervous System and Pathological Anatomy.

WASSILIEF, Alterations of the Brain and Spinal Cord in Hydrophobia, *Centralbl. f. d. med. Wissenschaft*, No. 36; ENGELMANN, On Degeneration of Nerve Fibres, *Pfuegers Archiv*, XIII., X. & XI., 474; PENGOLDT, Compulsive backward movements caused by a Tuberclie in the Pons, *Berliner klin. Wochenschr.*, No. 38; ZENKER, Two cases of vaso-motor Neuroses, *Ibid.*, Nos. 34 & 35; HACK-TUKE, On the Prevalence of the Causes of Insanity among the Ancients, *Jour. of Mental Science*, October; ATKINS, Case of sudden and complete aphasia, *Ibid.*; SAYRE, Paralysis from Peripheral Irritation, so-called Spinal Anæmia, *Med. & Surg. Reporter*, Oct. 14; BOYD, Effects of various Diseases on the Weight of the Brain in 2,050 Sane and Insane Adults of both sexes, *Brit. Med. Journal*, Sept. 30; STEWART, A case of Unilateral Catalepsy, *Practitioner*, Aug. 31; NIXON, Double Facial Paralysis; with some Remarks upon the Nerves of Taste, *Dublin Med. & Surg. Journal*, Aug.; HARDY, On Multiple Sclerosis, *Gaz. des Hopitaux*, No. 101; CARTAZ, Study of Plexiform Neuroma, *Arch. Gen. de Méd.*, Aug.; OUSPENSKY, On the Pathology of Neuralgias, *Le Progrès Méd.*, Sept. 9; GALTOPAIN, On Dyspepsia in Progressive General Paralysis, *Annales méd. Psychologiques*, Sept.; BEARD, New Facts and Suggestions Relating to Hay Fever, *N. Y. Med. Record*, Oct. 7; TILING, On the Occurrence of low Bodily Temperature in the Insane, *St. Petersb. med. Wochenschr.*, Nos. 25 & 26.